

16 FAM 300 MEDICAL TRAVEL

16 FAM 310 GENERAL

(CT:MED-21; 07-11-2012)
(Office of Origin: MED)

16 FAM 311 BACKGROUND

(CT:MED-7; 09-22-2009)
(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)
(All Foreign Service and Civil Service Employees)

- a. The general policy of the Department of State is to provide all medical program participants with the best medical care possible at post. In a situation where local medical facilities are inadequate to provide required services, travel to locations where such services can be obtained may be authorized.
- b. Subject to the limitations herein, medical travel may be authorized only for medical and dental treatment which cannot be postponed until the individual's next scheduled travel (e.g., transfer, home leave, rest and recuperation (R&R), or post-funded TDY travel). To the greatest extent possible, medical and dental treatment should be scheduled to coincide with other nonmedical travel in order to avoid the necessity of separate medical or dental travel. Employees will not be required to reschedule or redirect R&R travel for the purpose of obtaining required medical care. All medical travel is performed in accordance with the Foreign Service Travel Regulations and Procedures.

16 FAM 312 ELIGIBILITY

(CT:MED-7; 09-22-2009)
(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)
(All Foreign Service and Civil Service Employees)

- a. An individual who is covered by the Department of State medical program as defined in 16 FAM 122 is eligible to receive medical travel, per diem, and/or allowances.
- b. This eligibility applies to all Foreign Service employees and their eligible family members and Civil Service employees on assignment or temporary duty

abroad.

16 FAM 313 AUTHORITY

(CT:MED-7; 09-22-2009)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

Authority is found under Section 901 of the Foreign Service Act of 1980. (22 U.S.C. 4081)

16 FAM 314 ADMINISTRATIVE APPROVAL PROCESS

(CT:MED-7; 09-22-2009)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. For purposes of these regulations, the title of Foreign Service medical provider (FSMP) refers to a regional medical officer (RMO), regional psychiatrist (RMOP), or Foreign Service health practitioner (FSHP).
- b. When the Foreign Service medical provider (FSMP) determines that a patient is unable to obtain suitable medical care at post, the principal or management officer at post will issue a travel authorization to the nearest medical evacuation site determined by the FSMP. When the FSMP recommends medical evacuation to the United States for medical care or obstetrical cases, the concurrence and approval of the Medical Director or designee is required.

16 FAM 315 TYPES OF MEDICAL TRAVEL

16 FAM 315.1 Medical Evacuations (MEDEVACS) to the United States

(CT:MED-7; 09-22-2009)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

The Medical Director or designee must approve travel to the United States prior to actual travel, except in emergency situations where prior consultation with the Office of Medical Services is not possible. In such situations, the principal or management officer at post, with the concurrence of the FSMP responsible for that post, may issue a travel authorization to the United States without approval of the Medical Director. The authorizing officer must provide the Medical Director with

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the date, travel arrangements, request for hospitalization, and reason for the evacuation as soon as possible following the authorization of the evacuation.

16 FAM 315.2 Travel for Obstetrical Care

(CT:MED-21; 07-11-2012)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. A pregnant patient who is abroad under U.S. Government authorization is strongly encouraged to have her delivery in the United States. The patient may depart from post approximately 45 days prior to the expected date of delivery and is expected to return to post within 45 days after delivery, subject to medical clearance or approval.
- b. A patient who elects to have her delivery in the United States may specify the location within the United States. Travel and per diem will be at the rate of the specified location. Return travel back to post for the mother and infant will be approved after a medical clearance has been issued by MED.
- c. If a patient elects to *deliver* outside of the United States at a location approved by MED, *cost-construct* travel and per diem will be at the rate of the location abroad or at the rate for Washington, DC, whichever is lower. Travel of the mother back to post must be approved by the FSMP, both in the region of the site chosen for delivery and the home post. The infant must obtain medical clearance from MED prior to return to the mother's home post. MED will not approve travel costs and per diem for the patient to travel for medical care to a location not approved by MED.
- d. *Pregnant employees or eligible family members who travel to post from the United States at or after 34 weeks gestation for assignment will not be authorized obstetrical medical travel for delivery of that pregnancy.*

16 FAM 315.3 Travel for Dental Care

(CT:MED-7; 09-22-2009)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. The principal or management officer may issue a travel authorization to an employee or eligible family member for emergency or required dental care when recommended by the Foreign Service medical provider (FSMP). The adequate dental care site is designated by the FSMP in the region.
- b. Dental care definitions:
 - (1) **Emergency dental care:** Care for a dental condition that causes severe pain or for which postponement of treatment would cause permanent damage to the teeth or supporting dental structures;

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- (2) **Required dental care:** Dental treatment which cannot be postponed until scheduled leave or travel and which, if delayed, can be expected to result in a dental emergency; and
- (3) **Routine dental care:** Prophylactic care such as cleaning or sealing and cosmetic dental care are not regarded as emergency or required dental care and, specifically, are excluded as reasons for dental evacuation travel.

16 FAM 315.4 Travel Limitations

(CT:MED-7; 09-22-2009)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. Travel to the nearest adequate medevac site for required dental care is limited to once per treatment year. For this purpose, a treatment year begins on the first day of travel for required dental care and ends one year later.
- b. Travel for a medical clearance examination or for immunizations will not be authorized.
- c. Travel for routine or planned medical or surgical follow-up will not be authorized except when approved by the Medical Director or designee.

16 FAM 315.5 Cost-Constructive Travel and Per Diem

(CT:MED-21; 07-11-2012)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

MED authorizes travel and per diem to the nearest capable overseas location recommended by the Foreign Service medical provider (FSMP) for medical or dental care. MED may authorize cost-construct travel and per diem to another locality if the FSMP determines that location is capable of providing appropriate care. In such instances, travel costs and per diem will be at the rate of the selected location or the FSMP-recommended site, whichever is lower.

16 FAM 316 TRAVEL OF ATTENDANTS AND FAMILY MEMBERS

16 FAM 316.1 General

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(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

The principal or management officer, with the approval of a FSMP, may issue travel orders for a medical *and/or* nonmedical attendant *if* the patient is incapacitated, unable to travel alone, *or a minor child. A family member may serve as a nonmedical attendant. The principal or management officer may also approve family members incapable of self-care (e.g., minor child) to accompany the patient.* The Medical Director or designee must approve travel of an attendant or family member to the United States, including nonconcurrent travel. The authorization for an attendant or family member *must* be included on the patient's travel orders. Per diem for the attendant or family member is limited to three days, excluding travel time. The Medical Director or designee may extend the per diem *only for a family member* if *that* family member's presence is medically required *or if the family member is incapable of self-care at post.*

16 FAM 316.2 Family Members

(CT:MED-21; 07-11-2012)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. **Family member incapable of self-care at post:** If a family member is incapable of self-care at post and no suitable arrangements can be made for the care of that family member, the principal officer or management officer at post may authorize the family member(s) to travel with the patient. In such cases, the family member(s) *must* be included on the patient's travel orders to be eligible for per diem. *The patient is responsible for providing or obtaining needed care and supervision for the family member incapable of self-care at the medevac destination.*
- b. **Nonconcurrent travel of family member:** Nonconcurrent travel of a family member may be approved by the Medical Director or designee when that family member's presence is required during the evaluation or treatment of a patient. The Medical Director or designee approves per diem for the family member for the period of time medically advisable during the evaluation and treatment of the patient.

16 FAM 316.3 Nonemployee Attendants

(CT:MED-21; 07-11-2012)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. MED or a Foreign Service medical provider (FSMP) may recommend

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authorization of a nonemployee to accompany a patient *as a medical or nonmedical attendant*. In such cases, the employee's agency pays compensation, the cost of the transportation, and the expenses related to travel.

- b. Compensation for professional services should be in accordance with the prevailing rate for similar services at the location where the evacuation originated.

16 FAM 317 PER DIEM

16 FAM 317.1 Per Diem for Medical Evacuation

(CT:MED-21; 07-11-2012)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. **General:** Per diem is *authorized for patients and authorized accompanying family members and attendants (medical and nonmedical). Per diem for attendants and family members is limited to 3 days excluding travel time. The Medical Director or designee may extend the per diem only for a family member if that family member's presence is medically required or if the family member is incapable of self-care at post.* Per diem may be authorized for employees or eligible family members for a period up to 180 days (see 16 FAM 317.3 for exception for per diem related to dental travel). Medical per diem will not be authorized once the patient is issued a new medical clearance and any necessary assignment changes have been made. The Medical Director or designee may extend per diem beyond 180 days if prolonged treatment is required in exceptional medical conditions.
- b. **Uncomplicated obstetrical care:** Per diem may be authorized for a period of up to 90 days for an evacuation for obstetrical care. The per diem rate within the United States is the rate of the elected location within the United States. The per diem rate for an approved location away from post, but outside the United States, is the rate of that location or Washington, DC, whichever is lower. The patient may depart from post approximately 45 days prior to the expected date of delivery and is expected to return to post 45 days after delivery.
- c. **Complicated obstetrical care:** If the Medical Director or designee or the FSMP at post determines that there are medical complications necessitating early departure from post or delayed return to post, per diem at the rates described in 16 FAM 316.1, may be extended, as necessary, from 90 days for up to a total of 180 days.

16 FAM 317.2 Per Diem for Newborns

(CT:MED-7; 09-22-2009)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

Per diem for newborns is authorized at one-half of the applicable local rate where the infant is located, excluding periods of hospitalization.

16 FAM 317.3 Per Diem for Emergency and Required Dental Care

(CT:MED-21; 07-11-2012)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. **Emergency dental care:** Three days of per diem are authorized *excluding travel time*.
- b. **Required dental care:** One day of per diem is authorized *excluding travel time*.

16 FAM 317.4 Per Diem in Conjunction With Other Travel

(CT:MED-21; 07-11-2012)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. Per diem may be authorized in conjunction with official U.S. Government or personal travel if there is a significant change in an individual's medical condition during travel that cannot be evaluated or treated at post of assignment (e.g., abnormal mammogram or test results, serious injury or illness). The individual must contact MED or the FSMP as soon as possible and obtain authorization for per diem. Just as with a medevac, the subject must also be medically cleared by MED or the FSMP before returning to post. The per diem will be authorized only if the unexpected medical care resulted in delay of return to post. The per diem will not cover the originally planned length of travel, only the extra length of stay needed because of medical care. In such cases, MED will not reimburse the cost of the travel *although in extraordinary circumstances involving personal travel, the Medical Director or designee may authorize a one-way ticket to return to post*. The return travel, including any penalty fee incurred for the change in the return ticket, will be funded by the issuing authority or the traveler, based upon the circumstances causing the change (see 14 FAM 564.2).
- b. *Per diem is not authorized during home leave. Per diem may be authorized prior to scheduled home leave if early departure from post is recommended by*

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MED. Also, per diem may be authorized beyond the scheduled end date of home leave if additional medical evaluation or treatment is necessary that will result in medical clearance to proceed overseas.

16 FAM 318 SEPARATE MAINTENANCE ALLOWANCE (SMA) IN CONNECTION WITH MEDICAL TRAVEL

(CT:MED-7; 09-22-2009)

(Uniform State/USAID/BBG/Commerce/Foreign Service Corps-USDA)

(All Foreign Service and Civil Service Employees)

- a. An employee may be eligible for separate maintenance allowance (SMA) when an eligible family member is away from post for 90 or more consecutive days for medical care.
- b. SMA may be authorized for an employee if an eligible family member is delayed for 30 or more days while awaiting medical clearance. SMA and per diem cannot be paid for the same period.
- c. SMA cannot be paid on behalf of an eligible family member for the period that the family member is hospitalized at U.S. Government expense.

16 FAM 319 UNASSIGNED